



Jay Hart, Director
Parks and Recreation

Rappelling Adventure Registration Form

City of Albuquerque





Parks and Recreation Department

Outdoor Recreation Section



Martin Chavez, Mayor
City of Albuquerque

Rappelling Class Requirements: (\$10.00 Class)

-  Must be between the ages of 11 - 17
-  Must be able to hike one mile
-  Bring your own: lunch, snacks, drinking water, day or book pack, sunscreen
-  Complete / return registration form with \$10.00 check or money order payable to City of Albuquerque

Rappelling Class Date:

- ___ June 26, 2005 (Sunday) Piedra Lisa Open Space (beginning)
- ___ August 14, 2005 (Sunday) Piedra Lisa Open Space (beginning)
- ___ August 28th, 2005 (Sunday) Battleship Rock (advanced)

**FILL OUT ALL
FORMS
COMPLETELY!**
Return to: 1801 4th St NW
87102-1425

Class Times:

9:15 AM - 3:30 PM (Beginning) Meet at Parks and Recreation Administration Building on 4th St.
8:15 AM - 5:00 PM (Advanced) Meet at Parks and Recreation Administration Building on 4th St.

Directions to Parks and Recreation Administration Building: From I-40 West, exit 6th St., turn left on 6th; from I-40 East, exit 6th St., turn right on 6th; for both, turn left on Haines, then right on 4th. Drive SOUTH on 4th Street, past the railroad tracks. Turn RIGHT into the driveway just past the black wrought iron fence - before the City of Albuquerque gas pumps. If you drive past Aspen Street, you have gone too far. The Outdoor Recreation Administration Building is a one-story, sand-colored, brick building with a large, two-story mural next to Fourth Street. (See map.)

PARTICIPANT INFORMATION (To be completed by participant/parent/guardian)

Name- _____
First Last Middle Initial

Address _____
Street Apt. # City Zip Code

Home Phone Number Cell Phone/ Pager Number E-Mail Address

Participant Age _____ Participant Birth date _____ Male _____ Female _____
Month/Day/Year

Participant's School _____ Grade _____

Lives with: Mother _____ Father _____ Guardian _____ Other (specify) _____

Parent/Guardian phone Numbers: _____
Cell Phone Work Phone

e-mail address: _____

In case of emergency contact:

DISABILITY INFORMATION

If you checked "Other", please provide additional information on any disabling condition not listed.

SIGNATURE INFORMATION

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